

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AB		10-02-01
O.I.P.E. CLASSIFIER	AB		
FORMALITY REVIEW	MB	655	10/2/01
RESPONSE FORMALITY REVIEW	MB	954	10/11/02

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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9	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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2011/10/29/11  
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